POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*(signature)*		3/×/12
O.I.P.E. CLASSIFIER		8	8-3/·00
FORMALITY REVIEW	B7.	JC 897.	10-00-00
RESPONSE FORMALITY REVIEW	*(initials)*	SC 561	12-29-00

INDEX OF CLAIMS

✓	.... Rejected		N	....	Non-elected
=	.... Allowed		I	....	Interference
–	(Through numeral)... Canceled		A	....	Appeal
÷	.... Restricted		O	....	Objected

Claim (Final / Original)	Date	Claim (Final / Original)	Date	Claim (Final / Original)	Date
1	✓ ✓	51		101	
2	✓ ✓	52		102	
3	✓ ✓	53		103	
4	✓ ✓	54		104	
5	✓ ✓	55		105	
6	✓ ✓	56		106	
7	✓ ✓	57		107	
8	✓ ✓	58		108	
9	✓ ✓	59		109	
10	✓	60		110	
11	✓	61		111	
12	✓	62		112	
13	✓	63		113	
14	✓	64		114	
15	✓	65		115	
16	✓	66		116	
17	✓	67		117	
18	✓ ✓	68		118	
19		69		119	
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25		75		125	
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44		94		144	
45		95		145	
46		96		146	
47		97		147	
48		98		148	
49		99		149	
50		100		150	

If more than 150 claims or 10 actions
staple additional sheet here

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